

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009618

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

352

Primary Registration District No.

Registrar's No.

17

FILED MAR 12 1962

1. PLACE OF DEATH

a. COUNTY

Taney

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Branson

Length of stay in lb

2 mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

mo

b. COUNTY

Taney

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

SKaggs Hosp.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Highway 165

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

IRENE PORTA HALSETH

4. DATE OF DEATH

Month

Day

Year

FEB. 16 1962

5. SEX

f

6. COLOR OR RACE

w

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-17-1915

9. AGE (last birthday)

46

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

5 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housekeeping

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Samuel McChase

13b. MOTHER'S MAIDEN NAME

Chloe Ball

14. NAME OF HUSBAND OR WIFE

Bud Halseth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Bud Halseth Halletts mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Carcinomatous Carcinoma of Rectum

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/1/61 to 2/16/62 and last saw her alive on 2/16/62
Death occurred at 11 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Roy Bellisic MD

22b. ADDRESS

Branson mo

22c. DATE SIGNED

3/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

2-19-62

23c. NAME OF CEMETERY OR CREMATORY

Branson

23d. LOCATION (City, town, or county)

Branson mo

24. FUNERAL DIRECTOR

ADDRESS

Walter Carr Branson, mo

25. DATE RECD. BY LOCAL REG.

3-8-62

26. REGISTRAR'S SIGNATURE

Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAY 23 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Birmingham

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.